الأي ووسيه

PART B - FEE(S) TRANSMITTAL

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

755.00 DA

300.00 DA

01 FC:2501

02 FC:1504

APPLICATION N	O. FILIN	G DATE FIR	ST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/575,867 06/26/2007 João L		s Marques Pereira MONTEIRO		Q93459		3819		
TITLE OF INVENTION: MULTITAXIAL UNIVERSAL TESTING MACHINE								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICAT FEE	ION PREV.	PAID ISSUE FEE	TOTAL FEE(: DUE	S) DATE DUE	
nonprovisional	YES	YES \$755.00			\$0.00	\$1,055.00	02/17/2009	
EXAMINER			ART UNI	T CLA	SS-SUBCLASS			
	2855		-					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 2. For printing on the patent front page list 1 Sughrue Mion, PLLC								
☐ Change of correspondence address (or Change of Correspondence Addr PTO/SB/122) attached.					s of up to 3 regisgents OR, alternative			
□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; R 03-02 or more recent) ATTACHED. Use of a Customer Number is required.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
UNIVERSIDADE DO MINHO Braga, Portugal								
Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☑ Corporation or other private group entity ☐ Government								
4a. The following fee(s) are submitted:				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
☑ Issue Fee				☐ A check is enclosed.				
☑ Publication Fee (No	•	☐ Payment by credit card. Form 1310-2038 is attached.						
☐ Advance Order - # o	overpayme	☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.						
				☐ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.				
5. Change in Entity Sta	•				-			
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
	•						application identified above, gent; or the assignee or other	
		the United States Paten			and approams, a region	nered anomey of a	goin, or the assignee or other	
Authorized Signature		/Alan J. Kasper/		Date		February 1	3, 2009	
Typed or Printed Name	.	Alan J. Kasper		Registration N	lo.	25,426		
Modified PTOL-85 (R)	ev 08/08 Approved	for use through 08/31/20	010					
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